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CaseNumber: WR-72,735-03

EventDate: 09/13/2012

Style 1: RAMIREZ, JOHN HENRY

Style 2:

Event code: RR ADD'L VOLUME

EventID: 2497636

Applicant first name: JOHN HENRY

Applicant last name: RAMIREZ

Offense: 19.03

Offense code: Capital Murder

Trial court case number: 04-CR-3453-C(2)

Trial court name: 94th District Court

Trial court number: 321780094

County: Nueces

Trial court ID: 267

Event map code: GENERIC

Event description: Habeas Corpus - Capital Death

Event description code: 11.071

Remarks: VOL. 6 OF 6 VOLS.--EXHIBIT VOLUME

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<input type="checkbox"/> Appended		
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1 REPORTER'S RECORD
2 APPELLATE COURT NO. AP-76,100
3 TRIAL COURT CAUSE NO. 04-CR-3453-C
4 VOLUME 6 of 6 VOLUMES

5 THE STATE OF TEXAS) IN THE DISTRICT COURT
6 VS.)
7 JOHN HENRY RAMIREZ) 94TH JUDICIAL DISTRICT
8) NUECES COUNTY, TEXAS
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12 EXHIBIT VOLUME (Cont'd)
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2011 DEC 12 A 10:07
APR DPTY
MARY LOPEZ BUITRON, CSR, RPR
Official Court Reporter - 94th District Court

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MARY LOPEZ BUITRON, CSR, RPR
Official Court Reporter - 94th District Court

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1 NO.	2 DESCRIPTION	3 OFFERED	4 ADMITTED	5 VOL.
2 DX-3	3 Defendant's school records (Continued)	4 5	5 5	6 3
3 DX-4	4 Attorneys' fee vouchers.....	5 5,15	6 6,15	7 3,4
4 DX-5	5 Troy Martinez file.....	6 9	7 10	8 3
5 DX-6	6 Capital Cases.....	7 63	8 63	9 3
6 DX-7	7 Mitigating Circumstances....	8 63	9 63	10 3
7 DX-8	8 Mitigation in the Death Belt	9 63	10 63	11 3
8 DX-9	9 Capital Cases - Dimensions of Mitigation.....	10 63	11 67	12 3
9 DX-10	10 Dr. Martinez time summary...	11 56	12 67	13 3
10 DX-11	11 Ramirez arguments.....	12 167	13 167	14 3
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DX-3

(Cont'd)

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

 Admission
 Review
 DismissalAll procedures and
information in this document
are required by law.12/10/98
ARD NOTIFICATION DATE1/15/99
DATE OF MEETING

Please Print

STUDENT'S LAST NAME	JOHN	H	454-71-3620	M	F
06/29/84	MOODY HIGH SCHOOL	MI	SOCIAL SECURITY NO. 91CM 004		
DATE OF BIRTH		SCHOOL	GRADE/PROG		SCHOOL

An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication: _____

Yes No

A. REVIEW OF ASSESSMENT DATA and other information (check [✓] if applicable)

Comprehensive individual assessment (dates of reports) 01-15-98

Assessment(s) for related services. (Specify by title and by date.) _____

Assistive technology addressed in psychological assessment report(s) dated 1/15/98 Recommended: yes no (ARD 4)

Functional vocational evaluation report date _____

Other assessment (Specify by title and by date.) _____

Information from the student's Individual Transition Plan dated 1/15/99

Information from the Language Proficiency Assessment Committee dated _____

Records from other school districts (Specify) _____

Information from parents/student (Specify) _____

Information from school personnel (Specify) _____

Information/records from other agencies or professionals (Specify) Medical 10/24/95

Student communication needs: (If student is deaf or hard of hearing, complete the ARD supplement *Communication Needs of Deaf or Hard of Hearing Students*) _____

Concerns of parent for enhancing the education of their child: _____

Yes No Additional assessment is needed. Specify with time line for completion: _____

Specify additional assessments needed: _____

B. DETERMINATION OF ELIGIBILITY (check [✓] if applicable)

Based on the assessment data reviewed, the ARD committee had determined that the student

does not meet eligibility criteria to receive special education services.

Meets eligibility criteria for:

learning disability

speech impairment

emotionally disturbed

mental retardation

autism

other health impairment

orthopedic impairment

traumatic brain injury

multiple disabilities

visual impairment

auditory impairment

deaf-blind

A student shall not be determined to be a student with a disability due to lack of instruction in reading or mathematics, or limited English proficiency.

C. DISABILITY/DISABILITIES

Assigned by ARD Committee LEARNING DISABLED / OTHER HEALTH IMPAIRMENT

(A disability should be noted here only if special education services are to be provided. See ARD-2)

7/98
ARD-1

Original - eligibility folder

Copy - counselor

Copy - teacher

Copy - parent copy

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RAMIREZ, JOHN

 Yes No

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

 Physical, as it affects participation in instructional settings and physical educationNo limitations

Medication/Health Care, as it affects participation in instructional settings and physical education

None at this time Yes No

The student is capable of receiving instruction in the Texas Essential Knowledge and Skills (TEKS) of physical education through the general education program without modification. Comments:

 Yes No

Physical Education Modification Plan needed.

Academic/Developmental, as it affects participation in instructional settings (grade or age levels alone are not acceptable)

English - Capitalizes beginnings of sentences, titles, proper names, months, days, uses periods; question marks, identifies nouns, verbs, forms contractions, writes simple paragraphs, forms contractions
Math - +, -, x, ÷ whole numbers,

Indicate how the disability affects the student's involvement and progress in the general curriculum or, for preschool children, how does the disability affect the student's participation in appropriate activities?

Student needs modifications and content mastery support to be successful in general ed. Classes Yes No

Does the student's behavior impede his or her learning or that of others? If yes, the ARD committee should develop/review/modify a functional behavioral assessment and a Behavior Intervention Plan.

 Yes No

The student is capable of following the Student Code of Conduct without modification. If no, the ARD Committee should develop/review/modify a functional behavioral assessment and a Behavior Intervention Plan.

 Yes No

Is student limited English proficient? If yes, what are the language needs of the student as such needs relate to the student's IEP?

The ARD Committee agrees that the student Needs and will receive special education services Does not need and will not receive special education services for the following reasons:

INSERT IEP SHEETS AFTER THIS PAGE

7/98
ARD-2INDICATE NUMBER OF PAGES OF EACH IEP: R 2 Sp Voc OT PT VS MT OM HS Other

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CORPUS CHRISTI I.S.D.
STUDENT I.E.P.APPROVED BY A.R.D. COMMITTEE: SW 5/18/98

STUDENT NAME: John Ramirez

SCHOOL: MOODY HIGH SCHOOL

COURSE TITLE: MAINSTREAM CLASS

CONTACT TEACHER: SPECIAL EDUCATION

I.E.P. DATE: ~~DRAFT~~ 2/25/98

I.E.P. DURATION: 08/17/98 - 05/27/99

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.
 2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN
 THE COLUMN LABELED 'ANT. (%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT
 FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%)
 ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN
 THE 'CLASS' TEXTS. 5-THE SCHEDULE OF EVALUATIONS WILL BE COMMUNICATED
WITH SIX WEEK REPORTING PERIODS. At least annually

EVALUATION METHODS: 1-C.L.A.B.B., 2-OBSERVATIONS, 3-DAILY RECORDS, 4-WORK
 SAMPLES, 5-OTHER (V-report)

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT. (%) MASTERY	EVAL. METHOD	FINAL (%ACH.)	COMP. DATE
----------------	-------------------------	---------------	---------------------	-----------------	------------------	---------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE
 PROGRESS TOWARDS TASK COMPLETION.

PH9 MAINTAINS PASSING GRADES 81% 95 5
 IN MAINSTREAMED CLASSES.

(DRAFT 2/25/98)

R-1
R-2

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CORPUS CHRISTI I.S.D.
STUDENT I.E.P.APPROVED BY A.R.D. COMMITTEE: 1/15/99

STUDENT NAME: JOHN H. RAMIREZ

SCHOOL: MOODY HIGH SCHOOL

COURSE TITLE: CONTENT MASTERY

EVALUATOR/TEACHER: Spec. Ed.I.E.P. DATE: (Draft) 1/15/99I.E.P. DURATION: 8/99 - 5/2000

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.
 2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'ANT. (%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%) ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN THE 'CLASS' TEXTS. 5-THE SCHEDULE OF EVALUATIONS WILL BE CONCURRENT WITH SIX WEEK REPORTING PERIODS. *at least annually*

EVALUATION METHODS: 1-BRIGANCE, 2-C.L.A.S.S. OBSERVATIONS, 3-DAILY RECORDS,
 5-WORK SAMPLES, 6-OTHER (Report cards)

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT. (%) MASTERY	EVAL. METHOD	FINAL (%) ACH.	COMP. DATE
-------------	----------------------	------------	------------------	--------------	----------------	------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE PROGRESS TOWARDS TASK COMPLETION

PH9 MAINTAINS PASSING GRADES 8/99 70 6 5/2000

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE PROGRESS TOWARDS IMPROVING WORK HABITS.

FL1 GATHERS NECESSARY MATERIALS 8/99 90 3,4 5/2000

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE PROGRESS TOWARDS FOLLOWING DIRECTIONS.

INITIATES TASK UPON TEACHER DIRECTION. 8/99 90 3,4 5/2000

RJD

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E. INSTRUCTIONAL MODIFICATIONS/SUPPORTS D'

RAMIREZ, JOHN H

MINED BY ARD COMMITTEE

454-71-3620

S.S. NUMBER

SCHOOL YEAR 99

- 2000

The ARD committee has determined that the following modifications are necessary for the student to succeed.

SPECIAL LANGUAGE PROGRAMS*

 Bilingual ESL

BEHAVIOR MANAGEMENT PLAN

 YES NO

REGULAR DISCIPLINE PLAN

 YES NO

NO MODIFICATIONS NEEDED

With the use of the following modifications, this student should be expected to achieve a mastery level of 70% in all content areas in order to receive a passing grade and, thus, to participate in extracurricular activities.

reading 6 math 8

ADDRESS ACADEMIC STANDARDS:

Modifications of requisite skills and knowledge for academic performance standards

Exempt from Academic Standards/Essential Elements - grades based upon IEP progress

ALTER ASSIGNMENTS BY PROVIDING:

	ENGLISH	ALGEBRA	GEOMETRY	SCIENCE	SOCIAL STUDIES	HEALTH	PE	TECH	SPANISH
Reduced assignments	✓	✓	✓	✓	✓	✓	✓	✓	✓
Taped assignments									
Extra time for completing assignments	✓	✓	✓	✓	✓	✓	✓	✓	✓
Opportunity to respond orally									
Task analyses of assignments									
Special projects in lieu of assignments									
Other (see IEP for appropriate level of Academic Standard(s))									

ADAPT INSTRUCTION BY PROVIDING:

	ENGLISH	ALGEBRA	GEOMETRY	SCIENCE	SOCIAL STUDIES	HEALTH	PE	TECH	SPANISH
Short instructions (1 or 2 steps)									
Opportunity to repeat and explain instructions									
Encouragement to verbalize steps needed to complete assignment/task									
Opportunity to write instructions									
Assignment notebooks									
Visual aids (pictures, flash cards, etc.)									
Auditory aids (cues, tapes, etc.)									
Instructional aids	Calculator								
Extra time for oral response									
Exams of reduced length	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oral exams									
Open book exams	✓	✓	✓	✓	✓	✓	✓	✓	✓
Study carrel for independent work									
Frequent feedback	✓	✓	✓	✓	✓	✓	✓	✓	✓
Altered grade distribution (if District scoring guidelines are not appropriate)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minimal auditory distractions									
Opportunity for student to leave class for CMC assistance	CONTENT MASTERY	✓	✓	✓	✓	✓	✓	✓	✓
Peer tutoring/paired working arrangement									
Opportunity for student to dictate themes, information, answers on tape or to others									
Other:									

 Use repeated drill/review Use sign language Use various modalities Adjustments for misarticulations in responses

Social language programs are required for all students who are limited English proficient.

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RAMIREZ, JOHN

NAME OF STUDENT

454-71-3620

S.S. NUMBER

SCHOOL YEAR 99 - 2000

SUBJECT

SUBJECTS	
English	Math
Science	History
Spanish	Science
Math	Spanish

ADAPT MATERIALS BY PROVIDING:

<u>Peer to read materials</u>					
<u>Highlighted materials for emphasis</u>					
<u>Altered format of materials</u>					
<u>Study aids/manipulatives</u>					
<u>ESL materials</u>					
<u>Large print materials</u>					
<u>Braille materials</u>					
<u>Color transparencies</u>					
<u>Other:</u>					
<u>Other:</u>					

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	✓	✓	✓	✓	✓	✓	✓
Frequent reminders of rules	✓	✓	✓	✓	✓	✓	✓
Positive reinforcement	✓	✓	✓	✓	✓	✓	✓
Frequent eye contact/proximity control							
Frequent breaks							
Private discussion regarding behavior	✓	✓	✓	✓	✓	✓	✓
In-class timeout							
Opportunity to help teacher							
Seat near the teacher							
Supervision during transition activities							
Implementation of behavior contract							
Other:							

ASSISTIVE TECHNOLOGY DEVICES OR SERVICES:

YES NO **Assistive technology devices or services needed. If yes, indicate needs below.**

Calculators						
Word processors						
Augmentative communication devices						
Interpreter						
Decoders for TV and films						
Access to equipment:						
Training/technical assistance for student and/or family:						
Training/technical assistance for professionals, employers, etc.						
Other:						

allow oral response use interpreter use braille or large print Individual administration

Note: Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

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Page _____ of _____

F. Assessments

Criterion referenced assessment (TAAS):

Yes No will take Reading. If no, alternative assessment to be given: _____

Yes No will take Mathematics. If no, alternative assessment to be given: _____

Yes No N/A will take Writing. If no, alternative assessment to be given: _____

Yes No N/A will take Social Studies. If no, alternative assessment to be given: _____

Yes No N/A will take Science. If no, alternative assessment to be given: _____

Modifications as defined in test administration materials: _____

 TAAS not offered for this student's grade placementEnd-of-Course Examinations²:

Yes No N/A will take Algebra I. If no, alternative assessment to be given: _____

Yes No N/A will take Biology I. If no, alternative assessment to be given: _____

Yes No N/A will take U.S. History. If no, alternative assessment to be given: _____

Yes No N/A will take English II. If no, alternative assessment to be given: _____

Modifications as defined in test administration materials: _____

Districtwide Assessments:

Yes No will take Districtwide assessments. If no, alternative assessment to be given: _____

Modifications as defined in test administration materials: _____

Texas Primary Reading Inventory (K - 3): *N/A*

Yes No will take TPRI. Modifications as defined in test administration materials: _____

If the student is exempted from the administration of any assessment instrument above, it is because:

- a. The student's individualized education program does not include instruction in the essential knowledge and skills at any grade level.
OR
- b. The assessment instrument, even with allowable modifications, would not provide an appropriate measure of the student's achievement as determined by the student's ARD committee.

Transition Planning by age 14:

The ARD supplement, *Transition Statement*, is attached. It is required for all students beginning by age 14 and required to be updated annually.

² Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternative measures of accountability.

² The only students not required to test are students receiving content modifications resulting in an "S" on the transcript, as stated in test administration materials. These materials also provide information about testing those students for local purposes.

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G. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all that apply:

1. General education classroom
2. Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs)
3. Special education supplementary aids and services
4. Title 1 Part A/Accelerated instruction
5. Tutorials/academic remediation
6. English as a Second Language (ESL)
7. Bilingual classes
8. Pre-K program

9. Alternative education program
10. Assistive technology (e.g., communication devices, slant top table)
11. Resource classroom
12. Self-contained classroom
13. Separate special education campus
14. Nonpublic day school placement
15. Residential placement "
16. Content Mastery
17. Counseling Services
18. Behavioral Specialist/Contracts
19. Other: _____

Item Results of Efforts

1,2,16 Passed all classes 1st 9 wks., incomplete assignments, failed English, PERFORMOY, slow, inattentive, 2nd 9 wks.

16 Attends CMC regularly for US History

If efforts not successful, provide reason(s):

Yes No N/A

* Parents of students who meet eligibility criteria for visual or auditory impairments or deaf/blindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or the Texas School for the Deaf, including eligibility and admissions requirements and the rights of students related to admission.

CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

1. Complete either a or b:

- a. Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-7.
- b. Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete either (1) or (2) and (3) below:

(1) Removal From General Education Classroom

- Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- Implementing the student's behavior management plan would not permit other students to benefit satisfactorily from academic instruction or nonacademic activities.
- The student needs the following support services to benefit from the general education program: Content Mastery
- Other: _____

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RAMIREZ, JOHN

(2) Removal From General Education Campus (to a Separate Campus)

- Services and/or therapies in the student's IEP cannot be provided on the general education campus.
- The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- The student's behavior is so dangerous that it cannot be controlled without intense supervision and within a closed environment.
- The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

(3) Opportunity to Participate

In removing the student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? Yes No

If No, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

<input type="checkbox"/> Meals	<input type="checkbox"/> Yearbook/newspaper	<input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall class changes, social)
<input type="checkbox"/> Field trips	<input type="checkbox"/> Recess periods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fund raising activities	<input type="checkbox"/> Choral group/debate	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Regular transportation	<input type="checkbox"/> Assemblies	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sports/cheerleading	<input type="checkbox"/> Band	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Student council	<input type="checkbox"/> Graduation exercises	<input type="checkbox"/> Other: _____

If any of the above items are checked, explain why this student is unable to participate: _____

2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing the student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student or on the quality of services which the student needs.

None anticipated

Lack of opportunity for appropriate role models

Stigmatization

Decreased access to the instructional opportunities available in integrated settings

Isolation from peers

Other: _____

Other: _____

Other: _____

Diminished access to full range of curriculum

Lack of opportunity for social interaction

Decreased student self-esteem

Other: _____

Other: _____

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RAMIREZ STUDENT'S LAST NAME		JOHN FIRST		H	06-29-984
I. SCHEDULE OF SERVICES		SS# 454-71-3620		MI	DOB
Year: 99-2000 Semester:					
Course/ Curriculum Area	Funct./ Grade Level	GEN ED		Spec Ed Time	Prog/Grade Determined by Gen Ed Sp Ed
		Mod	Time		
Y	N				
English 2		✓	90		✓
Algebra 2	8	✓	90		✓
W. History		✓	90		✓
Health/Speech		✓	90		✓
Vocational Education REG CVAE VEH					
VAC					
TOTAL MIN PER DAY		360			

Related/Other Services	Time	D*	C*	M*	Location of Services
Auditory Help Svcs					
Counseling					
Health Svcs					
Music Therapy					
Occupational Therapy					
Orientation & Mobility					
Physical Therapy					
Speech Services					
Vision Services					

Homework

Special Transportation
Yes No

If yes, cite justification:

EVS: Yes No If yes, see attached supplement.
OT PT SP IN

Parents will be notified of student progress by:
 Regular report card IEP report card
 Parent/Teacher Conference
 Portfolio
 Other:

Year:		Semester:			
Course/ Curriculum Area	Funct. Grade Level	GEN ED		Spec Ed Time	Prog/Grade Determined by Gen Ed Sp Educational Diagnostician
		Mod	Time		
Y	N				
Spanish I		✓	90		✓
Biology		✓	90		✓
Health/Speech		✓	90		✓
PE-Jack		✓	90		✓
Vocational Education REG CVAE VEH					
VAC					
TOTAL MIN PER DAY		360			

Criterion referenced assessment (TAAAS/TBS):	
<input type="checkbox"/> Will take Mathematics	<input type="checkbox"/> Will take Reading
<input type="checkbox"/> Will take Writing	
<input type="checkbox"/> Will take Social Studies	<input type="checkbox"/> Not offered for this student's grade placement
<input type="checkbox"/> Will take Science	<input type="checkbox"/> Exempt in all areas
Comments: <i>Will take TAAAS</i>	
Referral Date:	Test Date:
Medical Date:	Dx
IQ Test:	Test:
V P FS	Test:
Ach. Test	Test:
R SS GE	
RC SS GE	Lang. Dom.
WL SS GE	M SS GE
SS No 454713620	Inst. Arr. Code: 03
Diam. Code:	Prog. Type: CM
ARD Date: 11/15/99	Date:
Placement School: <i>not 12/10/98</i>	Type: R Home School: 004
	Disability Code(s): LD/OTL
*D - Direct C - Consult M - Monitor	
8-16-99/5-24-00	

7/98
ARD - 8

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J. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Moores H.S.
NAME OF SCHOOL CAMPUS

Check appropriate instructional arrangement* (PEIMS CODE)

- Speech Therapy (11)
- Homebound (01)
- Hospital Class (02)
- Resource Room (03)
- State School for the Mentally retarded (30)
- Residential Care & Treatment Facility (35)
- S/C Mild/Moderate, Reg. Campus (04)
- S/C, Severe Reg. Campus (05)
- Off Home Campus (20)
- VAC (08)
- Mainstream (40)

Yes No This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

Yes No This is the campus which is as close as possible to the student's home. If NO, justify:

K. ASSURANCES

✓ *The ARD committee assures that the student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

✓ *The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or to their parents as part of the general education program may be charged (e.g., art or laboratory fees).

Required at least one year prior to the student reaching the age of majority (18):

____ The student has been informed of his/her rights that will transfer to him/her on reaching the age of majority (18).

NOTE: INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

____ Visually/Auditorially Handicapped
 Regional Day School for the Deaf
 Day/Residential Placement and
 On-Site Visit Report
 Graduation

____ Extended-Year Services
 Behavior Management Plan
 Health Care Plan
 Medically Fragile
 Vocational

____ Autistic
 Minutes Page
 Notice of Refusal
 Transition Services
 Other

* Enter instructional arrangement that meets requirements listed in the *Student Attendance Accounting Handbook*.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, TexasARD/IEP SUPPLEMENT
TRANSITION SERVICES

RAMIREZ, JOHN

NAME OF STUDENT

1/15/99

DATE OF ARD MEETING

Statement of needed transition services: The coordinated set of activities must be based on the individual student's needs, taking into account the student's preferences and interests, and include needed activities in the areas of instruction, community experiences, employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills and a functional vocational evaluation. If the student is leaving the school setting, include, if appropriate, a statement of each public agency's and each participating agency's responsibilities or linkages, or both. If it is determined those services are not needed for one or more of these areas then include a statement to that effect and the basis upon which the determination was made.

instruction *Instruction for '99-'00 will be in modified general ed. classes.*

community experiences.

development of employment objectives *Able to access all community services.*

Plans to be an electrician; will learn beginning skills by taking other post-school adult living objectives *CCC introduction to construction careers*

Plans to get driver's license; will register to vote and for selector acquisition of daily living skills, if appropriate *service at age 18.*

functional vocational evaluation, if appropriate *will take Health during '99-'00 school yr.*

Related services, if appropriate

Does not receive related services.

Attendance: The student will be invited. If the student does not attend the ARD committee meeting, what steps were taken to ensure that the student's preferences and interests were considered? Also invite a representative of any other agency that is likely to be responsible for providing or paying for transition services. If an agency invited to send a representative to a meeting did not do so, what steps were taken to obtain the participation of the other agency in the planning of any transition services?

If a participating agency fails to provide agreed upon transition services contained in the IEP, the public agency responsible for the student's education will initiate a meeting as soon as possible for the purposes of identifying alternative strategies to meet the transition objectives and, if necessary, revise the student's IEP.

Not in 1/98

1/15/99/5.24.00

7/98
ARDSPTS

Original: Parent

Copy: Eligibility Folder

Copy: School

Copy: Psychological Services

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Page 1 of 1

ARD MINUTES

Student's Name: RAMIREZ, JOHN D.O.B. 6-29-84 Date: 1/15/99 Recorder: K. BoydARD Committee Members: See signature page.

ITP Transition Plan was discussed. John plans to be an electrician after he graduates. He will take intro. to construction careers in '99-'00 followed by electrical trades as a junior.

Assessment 1/15/98 Eligibility- Learning disability -Other Health Medical - 10/24/95 Impairment

Graduation Plan- Option I student; anticipated graduation 5/2
 IEP- Current progress was discussed. Although he is failing English and geometry, his teachers agree he is very capable of passing these classes. He will continue in modified general ed. classes for '99-'00.

TAKS- Will take all parts of exit-level TAKS.

Related Services- none

EAS, Assistive Technology- not needed.

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L. SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

MEMBERS	SIGNATURE AND TITLE	SP. ED.	POSITION	AGREE	DISAGREE
	<i>D. Bellamy</i>		Parent(s)/Adult Student		
	<i>Don D. Bellamy</i>		Administration	✓	
			Instruction	✓	
			Instruction/Speech		
			Assessment ¹		
OTHER PARTICIPANTS					
	<i>Jessica Boyd</i>	✓	Representative of LPAC ²		
	<i>Jessi Boyd</i>	✓	Consultant/Chairperson	✓	
		✓	Vocational	✓	
			Visual/Auditory		
			Counselor		
	<i>John Morris</i>		student	✓	

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

The committee mutually agreed to implement the program reflected in these proceedings. OR:

The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach a mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or to others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____.

Date _____ Place and Time _____

Information explaining why mutual agreement has not been reached must be noted in the ARD minutes. Participants may attach statements of agreement, disagreement, or clarification to the ARD minutes.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been given to Parent by J. Boyd on 12/10/98.

If you have questions regarding these safeguards, please feel free to call 994-3500.

¹ Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

² LPAC representative is required at the ARD of any student who is limited English proficient.

³ Include documentation concerning the reconvened ARD committee meeting.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Individualized Transition Plan

Student RAMIREZ, JOHN HDOB 06-29-84S.S.# 454-71-3620School MOODY HIGH SCHOOL

Annual Review Updates: _____

I.D.# _____

Meeting Date 1/15/99Projected Graduation Date 5/2008Disabilities LD/ODIParents Priscilla Martinez

ADDRESS AREAS BELOW AS THEY RELATE TO DESIRED POSTGRADUATION OUTCOMES (Based on Student Expectations)
 (Check as appropriate)

1. INTEGRATED EMPLOYMENT

1.1 Without support
 1.2 With time limited support
 1.3 With long term support
 1.4 Supported employment (enclave or mobile work crew)
 1.5 Other

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? YES NO
 If yes, specify on page 2.

2. INDEPENDENT LIVING

2.1 Independent living - no support
 2.2 With family or relative
 2.3 With roommate
 2.4 Supervised living
 2.5 Group home
 2.6 ICF-MR facility
 2.7 Other

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? YES NO
 If yes, specify on pages 2, 3.

3. RECREATION/LEISURE/COMMUNITY PARTICIPATION

3.1 Independent
 3.2 Family supported
 3.3 Specialized recreation for persons with disabilities
 3.4 Community parks and recreation programs
 3.5 Local clubs
 3.6 Church groups
 3.7 Day programs
 3.8 Other

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? YES NO
 If yes, specify on page 3.

4. POST-SECONDARY EDUCATION/VOCATIONAL TRAINING

4.1 University
 4.2 Community college
 4.3 Proprietary (private) school
 4.4 Trade/Technical school
 4.5 Military
 4.6 Continuing/Adult Education

4. POST-SECONDARY EDUCATION (Continued)

4.7 Apprenticeships
 4.8 None
 4.9 Other

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? YES NO
 If yes, specify on page 3.

5. TRANSPORTATION

5.1 Independent
 5.2 Public transportation
 5.3 Specialized transportation
 5.4 Family transports
 5.5 Car pools
 5.6 Other

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? YES NO
 If yes, specify on page 4.

6. ADULT SERVICES

6.1 SSI
 6.2 Public assistance (food stamps, AFDC, etc.)
 6.3 Insurance/Medicaid
 6.4 Assistive/Adaptive devices
 6.5 OT/PT
 6.6 Vision/Hearing/Speech
 6.7 Medical supervision and scheduling
 6.8 Other

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? YES NO
 If yes, specify on page 4.

7. OTHER IMPORTANT LIFE CONSIDERATIONS

7.1 Guardianship
 7.2 Family planning
 7.3 Counseling/support services
 7.4 Respite services
 7.5 Voter registration
 7.6 Selective Service registration
 7.7 Other

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? YES NO
 If yes, specify on page 4.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Individual Transition Plan

ITP-2

Student RAMIREZ, JOHN H.

Date 1/13/99

CHECK SPECIAL SERVICES REQUIRED TO ACHIEVE OUTCOMES IDENTIFIED ON PAGE ONE OF THIS PLAN.

Results:
A - Accomplished
C - Continue
D - Discontinue

1. INTEGRATED EMPLOYMENT

Conduct additional vocational assessment

Discuss vocational options available in high school programs (provide high school course catalogue)

Provide names and number of key vocational service providers

- Texas Rehabilitation Commission
- Texas Employment Commission
- Nueces County Mental Health & Mental Retardation
- Other

Contact vocation service providers for intake appointment

Specify: _____

Review school records and determine eligibility for agency services

Implement job development, job matching, and job placement activities

Provide academic instruction and supports necessary to meet employment outcome

Specify: *Modified general ed.*

Provide regular vocational programs

Specify: *ICC*

Provide special education vocational training

Provide support services necessary to maintain employment

Specify: _____

Other _____

2. INDEPENDENT LIVING

Provide names and numbers of key residential service providers

- Mental Health Mental Retardation
- Corpus Christi State School
- Independent living center
- Other _____
- Other _____
- Other _____

Contact residential service providers for intake appointment
Specify: _____

Review school records and determine eligibility for residential services

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Individual Transition Plan

ITP-3

Student

RAMIREZ, JOHN

Date _____

1/15/99

INDEPENDENT LIVING (Continued)

Provide support services necessary to maintain residential placement
Specify:

Provide student with instruction and supports necessary to meet independent living outcomes
Specify:

Other

3. RECREATION/LEISURE/COMMUNITY
PARTICIPATION

- Encourage participation in school related clubs and activities
- Provide opportunities to participate in a variety of recreation/leisure activities
- Provide information/brochures on local clubs, specialized recreation programs, and summer camps

Enroll and support student as needed in recreation/leisure choices
Specify:

Provide student with instruction and supports necessary to meet recreational/leisure outcomes
Specify:

✓ Other Freshman council
Bowling team

✓ POST-SECONDARY EDUCATION/VOCATIONAL TRAINING

- Provide student with academic instruction and supports necessary for graduation requirements
- Contact school counselor for information regarding specific colleges
- Contact college or university concerning special services and accommodations
- Obtain information on various tech schools
- Contact military recruiter
- Provide information regarding continuing/adult education classes
- Complete applications and other paperwork necessary for post-secondary school admission
- Complete college entrance exams
- Other

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Individual Transition Plan

Student RAMIREZ, JOHN

Date _____

1/15/99 ITP-

5. / TRANSPORTATION

- ✓ Complete driver's education
- ✓ Obtain driver's license
- Apply for Care B transportation
- Train student to utilize public transportation systems
- Arrange transportation to and from work site
- Other

6. ADULT SERVICES

- Discuss/provide phone number for SSI eligibility requirements
- Apply for SSI benefits
- Provide phone number for Department of Human Services assistance program
- Other financial considerations

- Apply for insurance/medicaid
- Discuss/provide information regarding OT/PT needs
- Assess student's need for assistive/adaptive devices
- Provide assistive/adaptive devices according to assessed needs
- Discuss/provide information regarding needs as related to vision, hearing, and speech
- Provide training for self-medication or monitor administration of medication
- Assist with scheduling of medical and dental appointments
- Other medical/physical concerns

7. OTHER IMPORTANT LIFE CONSIDERATIONS

Discuss/provide information regarding:

- Guardianship
- Family planning
- Counseling/support services provided by various agencies
- Specify: _____
- Respite services
- Voter registration
- Selective Service registration
- Other _____

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CORPUS CHRISTI INDEPENDENT SCHOOLS DISTRICT

STUDENT NAME: RAMIREZ, JOHN

TRANSITION PLANNING PARTICIPANTS

We, the undersigned, have provided input for the review/update of this ITP.

Student Name Title	Parent Name Title	Teacher Name Title
<i>John Lopez</i>	<i>Patricia Lopez - Chair</i>	<i>Alan D. Brown</i>

Persons invited who did not attend:
Patricia

We, the undersigned, have provided input for the review/update of this ITP.

Student Name Title	Parent Name Title	Teacher Name Title

Persons invited who did not attend:

We, the undersigned, have provided input for the review/update of this ITP.

Student Name Title	Parent Name Title	Teacher Name Title

Persons invited who did not attend:

We, the undersigned, have provided input for the review/update of this ITP.

Student Name Title	Parent Name Title	Teacher Name Title

Persons invited who did not attend:

If an agency that was invited to send a representative did not do so, what steps were taken to obtain the participation of the agency in the planning of transition services?

ITP-5.DD

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DATE SENT/MAILED
12-10-98CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
CORPUS CHRISTI, TEXAS
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT John Ramirez

SCHOOL Moody High School

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss your educational programming or that of your child. We encourage you to attend this meeting, as your involvement is an important part of your/your child's education.

DATE 1-15 TIME 2:15 PLACE Moody High School

ROOM 314

Check (✓) all appropriate spaces:

The Purpose of this meeting is to:

- Initiate special education services if your child meets eligibility criteria
- Review your child's program (including results of any new evaluations)
- Review Assessment
- Discuss the need for new assessment
- Discuss transfer of rights at age of majority
- Other (Specify):

- Develop/review transition needs/Individual Transition Plan (ITP) **
- Develop and/or review the Individual Educational Plan (IEP) for your child
- Consider extended year services
- Discuss placement
- Discuss, at your request, any educational or related service not proposed above

This action is proposed because:

Annual ARD to discuss classes for 99-2000 school year

Options considered before convening this meeting:

- Extra Time for Work Completion
- Add/Drop Related Services
- Compensatory Education
- Parent Conferences
- Change Modifications
- Increase/Decrease Special Education Time
- General Education

- Preferential Seating
- Oral Tests
- Counseling
- ISS
- Bilingual/ESL
- 504 Programs

- Behavior Management Strategies
- Modified or Shortened Assignments
- Add Vocational Classes
- Continue Current Program
- Tutoring
- Other _____

*TRANSITION SERVICES

The purpose of this meeting is to review the individual transition plan (ITP) and consider transition services in accordance with 19 TAC 89.1110 And 34 CFR 300.346(b)(1-2).

- The district will invite the student To this meeting.

The following agencies have been invited to send a representative to this meeting:

- _____
- _____
- _____
- _____

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (✓) all appropriate boxes.

The following persons have been asked to attend the meeting:

- Parent/Guardian/Surrogate Parent/Adult Student
- Instructional Representative
- School Administrator
- Adult Service Agency Representative
- Special Education Assessment Staff
- Other (list): _____

- Speech Pathologist
- Counselor
- Student **
- LPAC Representative
- Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- Comprehensive Individual Assessment (e.g., language, physical, emotional/behavioral, sociological/intellectual, educational performance)
- School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
- Classroom Observation Reports/Teacher Reports
- Independent Evaluation Reports
- Parent Information
- Individual Transition Plan (ITP) **
- Other (list): _____

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been sent to Guadalupe Alvarado by Karen Bolina on 12-10-98. If you have questions regarding these safeguards, please feel free to call 894-3500.

Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special) (new) form and file in eligibility folder. Reminder was sent on _____ by _____ Telephone call made on _____ by _____

*You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH HERE

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CCTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Temporary ARD/IEP Committee Report for Transfer Students

1. Date of Meeting: 8-21-95 ARD Notification Date: 8-18-95

2. Student: Ramirez John H DOB: 06/29/84 ID #: 9665114 Sex: M F Grade: 06
(Last) (First) (MI)

3. Parent(s): Guadalupe Alejandro Phone #: 882-1138 School: Wynn Seale # 053

4. Address: 1624 18th Street 78415 Ethnic/Racial: A B H OT Lang: B S B OT

5. Permanent ARD cannot be held because of insufficient information from: Westoso ISD or
Other _____

6. Admission to special education is based on:
a. Parent verification that student is handicapped and was receiving special education services in the previous school district.
b. Previous school district verification of special education eligibility.

7. School Placement: Wynn Seale AFA Instructional Arrangement: 03 Handicapping Condition: 1) SH 2) LD

Subject Assessed	Regular Education	Regular Modified Ed.	Special Ed.	Beginning Date
English		✓		8-21-95
Math		✓		
Reading		✓		
Science		✓	CMC	
Soc. Studies		✓	at least	
PE / Enrichment		✓	30 min.	
Fine Arts		✓	wkly.	

Related Services	
Speech	15m/wkly

Position	Signature	Agree (/)	Disagree (/)
Parent	<u>Guadalupe Alejandro</u>		
Administrator/LPAC	<u>Place Chapa</u>	✓	
Instruction	<u>M. Diane Gurrin</u>	✓	
Special Education			
Assessment*			
Counselor			
Related Services Rep.			
Voc. Teacher/Other**			

*when assessment data are considered

**when vocational programs are considered

8. Special Education: Parent and Student Rights booklet given (receipt attached).
 Parent Permission for Exchange of Information completed.

NOTES: If a committee member disagrees with the decisions reflected in this report, he/she may submit a separate statement presenting reasons for disagreement.

SEND TWO COPIES OF TEMPORARY ARD, NOTICE OF ARD, CONSENT FOR EXCHANGE OF INFORMATION, AND RECEIPT FOR RIGHTS BOOKLET TO THE ASSOCIATE PSYCHOLOGIST/EDUCATIONAL DIAGNOSTICIAN ASSIGNED TO SCHOOL.

dg An ARD meeting will be held within 30 school days to develop an IEP based on valid assessment data.
8/17/94

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RECEIPT FOR RIGHTS BOOKLET

NAME OF STUDENT John Ramirez

DATE OF BIRTH 06/29/84 SCHOOL Wynn Dale AFA

This is to verify that I have received a copy of *Special Education: Parent and Student Rights, 1991*, which informs me of my rights throughout the child-centered educational process. These rights have been explained to me by

D. Trevino Teacher
Name Position

on 8/21/95
Date

I understand that my rights include the right to receive:

- (1) this and all other written notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in braille as appropriate; and
- (2) answers from school personnel to additional questions I may have.

My signature below indicates that I received the booklet and understand its contents.

Guadalupe Alejandra
SIGNATURE OF PARENT, SURROGATE PARENT, GUARDIAN, OR ADULT STUDENT

DATE SIGNED 8/21/95

SIGNATURE OF INTERPRETER, IF USED

8/21/95
DATE

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas
Special Education
Psychological Services

Consent for Exchange of Confidential Information

Name of Student: John Ramirez DOB: 06/29/84 School: Wynn Seale

I, Guadalupe Alcantar, the parent/legal guardian of the above named student, authorize West Oso ISD

SOSD (Name of individual agency)

Corpus Christi, TX 78416

(Address of individual agency)

to exchange the information indicated below with:

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT

Office of Psychological Services

ATTENTION: JANIE C. DE LA CRUZ 1530 Airline Road

Corpus Christi, Texas 78412

The following information should be sent from my child's records (check all that apply):

Current Admission, Review, and Dismissal Committee Report/Individual

Educational Plan (ARD/IEP)

Reports of Intelligence, Achievement, and/or Personality Assessment

Reports of Speech and Language Assessment

Sociological/Family Background Information

Medical/Health History

Medical Assessments

General Medical

Orthopedic

Neurological

Otorological

Audiometric

Ophthalmological

Other:

Physical Therapy Evaluation

Progress Notes

Occupational Therapy Evaluation

Counseling Report

Other:

Treatment Plans

The purpose or need for such disclosure is to aid in providing
for special education.

This consent for exchange of information may be revoked by me at any time; however, such revocation will not affect action already taken as a result of this consent. This consent (unless expressly revoked earlier) expires on:

5/24/96

(Specify date, event, or condition upon which it will expire)

I understand that the confidentiality of the released information will be respected. I understand that I may contact J. Delaney School Staff Member

at 990-3528 for further information or clarification of this
Telephone Number

release.

Guadalupe Alcantar
Signature of Parent/Legal Guardian

8/21/95

Date

DATE SENT/MAILED

8-18-95

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
CORPUS CHRISTI, TEXAS
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

The ARD committee meeting for

(date) 8-21-95 (time) 8:00

(place) Lynn Seale

(room) ARD Room

Check (✓) all appropriate spaces:

The Purpose of this meeting is to Initiate Change Review or Discuss issues concerning:

Individual Transition Plan Extended Year Services Identification Placement Program (IEP) Evaluation
 Student Progress Discipline Dismissal Other

This action is proposed because: Student moved into district

Options considered before proposing to take this action:

Extra Time for Work Completion Preferential Seating
 Add/Drop Related Services Oral Tests Behavior Management Strategies
 Compensatory Programs Counseling Modified or Shortened Assignments
 Parent Conferences ISS Add Vocational Classes
 Change Modifications Other Continue Current Program
 Increase/Decrease Special Education Time

Preferential Seating
 Oral Tests
 Counseling
 ISS
 Other

Behavior Management Strategies
 Modified or Shortened Assignments
 Add Vocational Classes
 Continue Current Program
 Tutoring
 Other

The Provision of any educational or related service not proposed for discussion in this notice will be discussed at your request.

Check (✓) all appropriate boxes:

The following persons have been asked to attend the meeting:

Parent/Guardian/Surrogate Parent Speech Pathologist
 Vocational Representative Counselor
 Instructional Representative Student
 School Administrator
 Special Education Representative
 Adult Services Agency Representative
 Special Education Assessment Staff
 Other

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

Comprehensive Individual Assessment
 School Permanent Records
 Classroom Observation Reports/Teacher Reports
 Independent Evaluation Reports
 Parent Information
 Other

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when you received the current copy of the booklet, Special Education: Parent and Student Rights. Please refer to page vi of this booklet for information on procedural safeguards.

The following should be completed by the parent, guardian, surrogate parent, or adult student. Please (✓) to show your response to our invitation to attend the meeting.

I will be able to attend the meeting as scheduled.
 I want to attend the meeting but cannot come when the meeting is planned. Please contact me to reschedule.
 I will call the school to reschedule the meeting.
 I do not wish to attend the meeting; please have the meeting without me.

I agree to waive my right to a five-day interval between the date of this notice and the ARD meeting.

Signature of Parent, Guardian, Surrogate Parent or Adult Student

Date

Signature of Interpreter, If used

Date

You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

PLEASE RETURN THIS FORM TO

D.Trevino (117)

AS SOON AS POSSIBLE.

FOR SCHOOL USE ONLY

White Copy: Parent Copy. Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on _____ by _____ Telephone call made on _____ by _____

Comments:

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DATE SENT/MAILED

9-22-95

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
CORPUS CHRISTI, TEXAS
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT

John Rainier

SCHOOL

Wynn Seale

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss educational programming for your child. We encourage you to attend this meeting, as your involvement is an important part of your child's education.

DATE 9-29-95

TIME 8:30

PLACE Wynn Seale

ROOM 114B

Check (✓) all appropriate spaces:

The Purpose of this meeting is to:

Discuss, at your request, any educational or related service not proposed below
 Initiate special education services if your child meets eligibility criteria
 Review your child's program (including results of any new evaluations)
 Review Assessment
 Other (specify) _____

Develop/review the Individual Transition Plan (ITP)
 Develop and/or review the Individual Educational Plan (IEP) for your child
 Consider extended year services
 Discuss placement

This action is proposed because:

Permanent ARD

Options considered before convening this meeting:

Extra Time for Work Completion
 Add/Drop Related Services
 Compensatory Education
 Parent Conferences
 Change Modifications
 Increase/Decrease Special Education Time
 General Education

Preferential Seating
 Oral Tests
 Counseling
 ISS
 Bilingual/ESL
 604 Programs

Behavior Management Strategies
 Modified or Shortened Assignments
 Add Vocational Classes
 Continue Current Program
 Tutoring
 Other _____

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (✓) all appropriate boxes.

The following persons have been asked to attend the meeting:

Parent/Guardian/Surrogate Parent/Adult Student
 Instructional Representative
 School Administrator
 Special Education Representative
 Adult Service Agency Representative
 Special Education Assessment Staff
 Other (list): _____

Speech Pathologist
 Counselor
 Student
 LPAC Representative
 Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

Comprehensive Individual Assessment (e.g., language, physical, emotional/behavioral, sociological, intellectual, educational performance)
 School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
 Classroom Observation Reports/Teacher Reports
 Independent Evaluation Reports
 Parent Information
 Other (list): _____

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been sent to _____ by M.L. Gonzalez on 9-22-95. If you have questions regarding these safeguards, please feel free to call 994-3500.

FOR SCHOOL USE ONLY

White Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on 9-28-95 to student. Telephone call made on 9-26-95 by M.L. Gonzalez.

9-28-95 - Graciela Alejandro said she will come to meeting.

*You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH HERE

DETACH HERE
AND RETURN TO YOUR CHILD'S SCHOOL

If you have any questions, please feel free to call the contact person below:

Dr. Treviño
SCHOOL CONTACT PERSON

Teacher 117
POSITION

886-9359 Ext. 1
TELEPHONE

Please check appropriate statement(s) below.

Re: John Ramirez
Student

- I will attend the meeting as scheduled.
- I would like to attend the meeting, but cannot do so at the time suggested; please contact me at _____ to reschedule.
- I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.
- I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at _____ at the scheduled meeting time.
- I waive the required five school day waiting period between Notice of the ARD Committee Meeting and the ARD Committee Meeting.

Comments:

Leopoldo Alejandro

Signature of Parent, Guardian, Surrogate Parent, or Adult Student

9-27-95

Date

Signature of Interpreter, If used

Date

DATE SENT MAILED

11-28-95

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
CORPUS CHRISTI, TEXAS
OFFICE OF SPECIAL EDUCATION

RE: STUDENT

John Ramirez

SCHOOL

Wynn Seale M.S.

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss educational programming for your child. We encourage you to attend this meeting, as your involvement is an important part of your child's education.

DATE 12-6-95 TIME 11:00 PLACE Wynn Seale M.S.

ROOM 114B

Check (V) all appropriate boxes:

The Purpose of this meeting is to:

- Discuss, at your request, any educational or related service not proposed below
- Initiate special education services if your child meets eligibility criteria
- Review your child's program (including results of any new evaluations)
- Review Assessment
- Other (specify)

- Develop/review the Individual Transition Plan (ITP)
- Develop and/or review the Individual Educational Plan (IEP) for your child
- Consider extended year services
- Discuss placement

This action is proposed because: To discuss two consecutive failing grades

Options considered before convening this meeting:

- Extra Time for Work Completion
- Add/Drop Related Services
- Compensatory Education
- Parent Conferences
- Change Modifications
- Increase/Decrease Special Education Time
- General Education

- Preferential Seating
- Oral Tests
- Counseling
- ISS
- Bilingual/ESL
- 504 Programs

- Behavior Management Strategies
- Modified or Shortened Assignments
- Add Vocational Classes
- Continue Current Program
- Tutoring
- Other

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (V) all appropriate boxes:

The following persons have been asked to attend the meeting:

- Parent/Guardian/Surrogate Parent/Adult Student
- Instructional Representative
- School Administrator
- Special Education Representative
- Adult Service Agency Representative
- Special Education Assessment Staff
- Other (list): _____

- Speech Pathologist
- Counselor
- Student
- LPAC Representative
- Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- Comprehensive Individual Assessment (e.g., language, physical, emotional/behavioral, sociological, intellectual, educational performance)
- School Permanent Records (e.g., grades, attendance reports, teacher observations, achievement test scores, discipline reports)
- Classroom Observation Reports/Teacher Reports
- Independent Evaluation Reports
- Parent Information
- Other (list): _____

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been sent to Mr. & Mrs. Alejandro by H.L. Gonzalez on 11-28-95. If you have questions regarding these safeguards, please feel free to call 994-3500.

FOR SCHOOL USE ONLY

White Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on 12-5-95 by student Telephone call made on 12-5-95 by M.L. Gonzalez

M.L. Gonzalez Mom said she couldn't come but to have meeting without her. We have her permission for meeting.

You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH LINE

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1 B2 E3 B4 B5 B6

Corpus Christi, Texas

Spanish

COMPREHENSIVE INDIVIDUAL ASSESSMENT
ELIGIBILITY REPORT: SPEECH HANDICAPPED
PART I

Initial - A
 3 Yr. Review - P
 Review - R1, R2
 Special Request

STUDENT John Ramirez SEX: M F DOB 6/12/91 ID# 9665114 GRADE 6thSCHOOL Wynn Seale HANDICAPPING CONDITION (1) LD (2) _____Professional Evaluator: Rossana Venecia SS# _____Referred by: Teacher Special Education Physician Other _____

I. SOURCES OF DATA (formal and informal):

TEST	DATE	SCORES				
GFTA	<u>9/26/95</u>	# of Errors: 0	PR:			
WEISS		Artic Score:	# of Errors:			
HEJNA DAT		# of Errors:				
TOLD P/TOLD I		SLQ: SSE:	LiQ: PR:	SpQ: Stanine: 4	SeQ: AE: 9:10 (A-11.2)	SyQ:
PPVT - R	<u>9/26/95</u>	AE: 16	SS: 89	PR: 23	Stanine:	
ROWPVT		AE: SS: PR:				
EOWPVT-R		AE: SS: PR:				
THE WORD-R		Total Test: AE:	PR:	SS:		
CELF-R		Rec. AE: AC Age:	SS: VA Age:	Exp. AE: LA:	SS: Total AE:	SS:
PLS		ACQ: VAQ:	LQ:			
TAPS		Auditory Quotient:	PR:	MLA:		
TELD		Total Score:	LQ:	Percentile Score:	LA:	
NON-SPEECH TEST		Rec. AE:	Exp. AE:			
SSI		Total Score:	PR:			
COOPERS		Ave. Frequency of Stuttering:	%			
TONI A / B		TQ:	PR:			
SLOSSON		MAE:	TSS:	PR:	NCE:	Stanine:
LANG. SAMPLE						
INFORMAL ASSESS.	<u>9/26/95</u>	Fluency, word syntax are WNL.				
Oral Periphrase	<u>9/26/95</u>	Revealed a short frenum (tongue-tie). No frenectomy has been performed. He is able to produce all sounds. No articulation impairment is noted.				

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(use "S" if skill is a strength, "W" if skill is a weakness)

 Auditory Processing Pre-verbal Voice Receptive Language Articulation Expressive Language Fluency Communication skills

at appropriate level

 YES NO

The student has a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects his/her educational performance.

III. TYPE AND SEVERITY OF IMPAIRMENT:

<input type="checkbox"/> LANGUAGE <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	<input type="checkbox"/> ARTICULATION <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	<input type="checkbox"/> AUDITORY PROCESSING <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound
<input type="checkbox"/> FLUENCY <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	<input type="checkbox"/> VOICE <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	<input checked="" type="checkbox"/> NO DISORDER NOTED AT THIS TIME

 YES NO Based on the identified speech and language deficit, this student will have difficulty in mastering the essential elements at the appropriate level in the area(s) of: listening speaking verbal language usage**IV. RECOMMENDATIONS:**

Eligible for Speech Therapy
 Dismiss from Speech Therapy
 Not eligible for Speech Therapy

Continue Speech Therapy
 Reevaluate

V. SERVICE DELIVERY MODEL:

Direct
 Consultation (Speech Therapist is implementor)
 Monitor (Teacher is implementor)

_____ minutes per week
 _____ minutes per _____

VI. MODIFICATIONS:

n/a

With the use of the following modifications in the regular education classroom, this student should be able to achieve a mastery level of 70% in all content areas in order to receive a passing grade and, thus, to participate in extracurricular activities.

<input type="checkbox"/> Increased response time	<input type="checkbox"/> Adjustments for misarticulations in responses
<input type="checkbox"/> Use repeated drill/review	<input type="checkbox"/> Provide preferential seating
<input type="checkbox"/> Use various modalities	<input type="checkbox"/> Model examples
<input type="checkbox"/> Use sign language	<input type="checkbox"/> Use assistive technology device/services
<input type="checkbox"/> None recommended at this time	<input type="checkbox"/> Use positive/concrete reinforcers
<input type="checkbox"/> Other: _____	

Use assistive technology device or services as follows: _____

Barbara Veneczel
 Licensed Speech/Language Pathologist
 Certified Speech/Language Pathologist

13417

License No.

9-24-95

Date

FOR MEDICAID ELIGIBLE STUDENTS ONLY
 I have reviewed the assessment findings of the speech therapist and recommend that this student be considered for speech therapy services. The amount, frequency, duration, and method of delivery of services will be determined by the school's Admission, Review, and Dismissal Committee, acting on the recommendations of the speech therapist.

PHYSICIAN

Distribution: White (SEO) Yellow (Therapist) Pink (Counselor)

DATE

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT

Corpus Christi, Texas
Psychological Services

TEST DATA SUMMARY SHEET

Initial
3 Yr Re-eval
Follow-up Re-eval
Out of District
Outside Referral

John H. Kamiref Student ID# 966 5114 Examiner: West Pas Is, Austin
 : 6-29-84 School: Wesleyan Grade 06 Test Lang English
 : 11-29-94 Age (yr. mo.) 11 yrs. mos. Spanish
 : 11-29-94 Age (yr. mo.) 11 yrs. mos. Bilingual

(Is one)

WISC-B WAIS
R WISC-III

STANFORD-BINET (S-B)

P.P.V.T. (R)

 nf 12 PC
 sim 27 PA
 Arith 13 BD
 Voc 12 OA
 Comp 8 COD
 Dsp Maz
 SS
M.A. yrs mosM.A. yrs mosI.Q. S.S. Vineland Adap Behav Scale
(VABS)

TONI

A.E. S.S. I.Q.
 Commun
 D. Living
 Social
 Motor
 Composite

PROJ. DRAWING MAPS
 S/Concept Quest.
 MMPI TAT CAT
 INC. SENT DESPERT
 RORSCHACH
 PARENT INTERVIEW
 CLINICAL INTERVIEW
 BEHAVIOR CHECKLIST
 ICONF. (STATE/OTHER)
 OBSERVATIONS

VIQ 106 PIQ 107 FSIQ
VC PO
FD PS

(Average range)

BEERY VMI Correct

VMI yrs mos Verbal Nonverbal S.S. Listening Comp 3.1, 27% 95% Oral Lang. Proficiency Battery Writ Lang Memory for Sent. 4.6, 43% 95% Picture Voc. 4.2, 35% 95% Oral Voc. 4.7, 80% 100%

WRAT-R/R/WRAT-III

Reading gd ss Spelling 5 107 68% Math

WOODCOCK-JOHNSON ACHIEV TEST-R (WJ-R)

Age-Norms Grade Norms V Cluster Scores Broad Scores ae/gd ss Reading 9-10 4.5 41 97Math 11-4 6.0 80 112Subtests 3-2 16 85Letter-Wd. 9-11 4.7 44 98Wd. Attack Pass Comp. 9-9 4.2 39 96Calc 10-7 5.4 64 105Applied 12-9 7.4 88 118Dictation 8-6 3.1 19 87Writ Samp 8-8 3.3 27 47Proofing 9-1 3.7 28 91Basic Writing Skills 8-10 3.4 20% 87

WECHSLER INDIVIDUAL ACHIEV TEST (WIAT)

Norms: Age Grade

READING gd ss

Basic Reading Reading Comp MATHEMATICS Math Reasoning Numerical Oper LANGUAGE Listening Comp Oral Expression WRITING Spelling Written Expr Total Composite

TEST OF ADOLESCENT LANG (TOAL)

Speech eval.: 5-21-93

Possible Handicapping Condition: 1. LD
 Staff with: 2. MM
 Dismissed from speech: 9-26-95 Date:

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NAME: Jahn Bailee DATE: 9/10/95
 EXAMINER: R. Veneczel - SLP

I. Lips

Can protrude: yes no
 Can retract unilaterally: Left: yes no ; Right: yes no
 Can say /p/ rapidly: yes no

II. Teeth

Occlusion: normal , neutroclusion , distoclusion ,
 mesioclusion
 Vertical relationship of incisors: normal , open bite , close bite

III. Tongue

Can touch corners of mouth rapidly for five seconds: yes no
 Can say /tuv/ rapidly: yes no

IV. Hard Palate

Intactness: normal , cleft repaired , cleft, unrepairs
 Palate contour: normal , flat , deep and narrow

V. Velopharyngeal Port Mechanism

Movement of soft palate during phonation of /a/: yes no
 Can blow out match: yes no
 Can say /kN/ rapidly: yes no
 Can say /pNtNkN/ rapidly: yes no

VI. Tonsils

Normal Enlarged Absent

VII. Breathing Mechanism

Inhalation: deep and inaudible , deep and audible , shallow
 Breathing movements: rhythmical , jerky
 Heaving of shoulders during speaking: none , some , marked
 Number of seconds can prolong /a/ following deep inhalation: average , below average

Comments: Tongue tip is tied to the frenum. Frenectomy has not been performed however. Despite tongue tie he is able to produce all phonemes. The /t/ & /l/ are good. He does not appear to have any problems w/ sound production at this time.

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Meeting Date:
1/16/00CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, TexasLast Assessment:
1-15-98

REEVALUATION BY ARD

Student: John Ramirez Three-year Reevaluation Special RequestID: 454713620 School: Moody H.S. Grade: 10 Age: 16 D.O.B.: 6-27-84 Sex: MCurrent disabilities: LD / OHI

A. Review of Existing Data

The chart below indicates the areas the ARD Committee has included in its review of existing assessment data and the committee's recommendations for the student's comprehensive assessment.

N = assessment is needed in this area

C = current data is satisfactory/no need to reassess

Sources of Data

Dates/Discussion

Recommendation

 N C

Language/Communication

 N C

Physical (Motor/Health)

adequate history of RHD - took meds. in part

Emotional/Behavioral

can be moody, can be disruptive, argumentative w/o authority, may need clearly defined limits - copying of type will walk out, O.H.I., can be disrespectful N C

Intellectual/Adaptive Behavior

195 WISC-3 FZIQ-107198 TONI IQ 110 AV6 to H6 AVG Range

Grade Level

 N C

Present Levels of Educational Performance

195 WIT-R A4.5, R14.2, W13.2, M-6.0 Eng: draws198 W RAT-3 R-6, M-8 wholly conclusion, FSociological inclusion, desirable setting 198 Math: computer based
has had excessive abs, incomplete assign. N C

Assistive Technology

 N Cuse calc/computer

Additional Information

passed end of course HS Hist Sp199OFFICE USE ONLY:
Staff ID: 0005 Yes(additional assessment IS NOT needed.)
(additional assessment IS needed.)Date of Next 3 Year Review: 11-2003

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B. Summary of Data to Determine Specific Disability and/or Services

No Additional Data Needed.

Upon review of current assessment data, the ARD Committee agrees that:

The student manifests no disabling conditions and is not eligible to receive (*see below) special education and related services.
 The student manifests the following disabling condition(s): _____

Yes No The student needs special education and related services which will be determined when the ARD/IEP Committee develops/reviews the IEP and makes recommendations for programming and placement. If NO, the student is not eligible to receive special education and related services. (Conduct a subsequent ARD to address dismissal from special education.)

The following section is to be completed if no additional data are required:

Yes No The district has explained to the parent(s) the reasons for its determination that no additional data are needed to determine whether this student continues to be a student with a disability.
 Yes No The district has made the parent(s) aware of their right to request an assessment to determine whether this student continues to be a student with a disability.

Additional Data Needed *

The ARD Committee has determined that additional data are needed to determine whether: A) this student has or continues to have a particular category of disability; B) the present levels of performance and educational needs of the student; and C) if applicable, the nature and scope of special education and related services needed.

Note:

- * A student is not eligible for a new disability without formal assessment
- * The parent must complete and sign a Consent for Assessment and must also receive a Notice of Assessment prior to starting the comprehensive assessment
- * Requests for initial assessment for related services require the school to complete and submit to special education the customary packet of information required for consideration of services. Also, parents are required to provide a physician's prescription prior to services.

ASSURANCES

YES NO

The ARD Committee assures that the testing, evaluation materials, and procedures used for the purposes of evaluation were selected and administered so as not to be racially or culturally discriminatory.

YES NO

The ARD Committee assures that the tests and other evaluation materials have been validated for the specific purpose of which they were used.

YES NO

The ARD Committee assures that the tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by their producers.

* A FOLLOW-UP ARD MUST BE HELD UPON COMPLETION OF ASSESSMENT.

(* Conduct a subsequent ARD to address dismissal from special education.)

tu PS-2000

Frank E. Gandy

SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

The committee mutually agreed to implement the program reflected in these proceedings. OR:

The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach a mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or to others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____.

Date _____ at _____ Place and Time _____

Information explaining why mutual agreement has not been reached must be noted in the ARD minutes. Participants may attach statements of agreement, disagreement, or clarification to the ARD minutes.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been given to Parent by Chelabaya on 11-2-00. If you have questions regarding these safeguards, please feel free to call 994-3500.

¹ Assessment personnel are required when assessment issues are included in the ARD committee's deliberations. LPAC representation is required at the ARD of any student who is limited English proficient. Include documentation concerning the reconvened ARD committee meeting.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, TexasSpecial Education
Psychological Services

NOTICE OF REEVALUATION

Name of Student: _____ DOB: 6-29-84
School: Moody H.S. Date Sent: 11-12-00

Due to recent amendments to the special education law, an Admission, Review, and Dismissal (ARD) committee meeting has been held prior to the reevaluation to review existing data and determine the scope of the reevaluation. The results of this meeting determined that reevaluation is required in the following areas:

Types of tests/techniques which may be used in the reevaluation of your child include the following:

<input type="checkbox"/> Language	formal and/or informal measures of language dominance and proficiency
<input type="checkbox"/> Physical	medical evaluations (if physical factors are suspected of adversely affecting educational performance)
<input checked="" type="checkbox"/> Emotional/Behavioral	formal and/or informal measures of emotional/behavioral characteristics which may influence learning
<input type="checkbox"/> Sociological	formal and/or informal measures of family/community relationships which may affect learning
<input type="checkbox"/> Intellectual/ Adaptive Behavior	tests which provide an estimate of the ability to acquire knowledge and formal/informal measures of the ability to function in the home, neighborhood and school
<input type="checkbox"/> Academic Achievement and Learning Competencies	formal and/or informal measures of basic skills in such areas as reading, mathematics, spelling, and other areas, including job-related skills, if appropriate.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to parent on 11-2-00 by Program

regarding these safeguards, please feel free to call 994-3500.

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11-2-00

Date

1-15-98

Last Evaluation

Date

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION
Corpus Christi, Texas

PARENT LETTER: REEVALUATION PROCESS

Dear Parent(s)/Guardian(s)/Adult Student:

Re: John Ramirez

The school district is required to reevaluate your child for special education at least once every three years or if you or the school district requests a reevaluation.

Our records reflect that your child's reevaluation is due on or before 1-2001
 A special request has been made for an evaluation of your child by _____

Under recent amendments to the special education law, an Admission, Review, and Dismissal (ARD) Committee meeting must be held prior to the reevaluation to review existing data and to determine the scope of the reevaluation. You are a member of the evaluation team and your participation in the ARD process is very important. We invite you to bring any existing evaluation data (formal and informal) that you would like the ARD committee to consider as part of the evaluation process. The District will also bring existing evaluation data such as classroom-based assessments and observations, criterion-referenced testing, and teacher and related service provider observations.

Enclosed please find the following:

- An Explanation of Rights and Procedural Safeguards of a Parent with a Child with Disabilities in School.
- Notice of ARD meeting scheduled for 11-16 1:30 P.M.

If you have any questions, please call _____ at _____.

Sincerely,

Original: Parent

Copy: Eligibility Folder

Copy: School

Copy: Psychological Services

Parent 1